

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

8877

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

2360

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis Children's Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 39 days  
 (Specify whether  
 In this community live  
 years, months or days)

3. (a) PRINT FULL NAME Kramer, Marguerite Christine

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married,  
 divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased 7 - 11 - 26  
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

13728

hr.

min.

9. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name John  
 13. Birthplace St. Louis, Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sophie Heindel  
 15. Birthplace St. Louis, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. Wedder(b) Address 416 S. Kingshighway17. (a) Burial (b) Date thereof March 11, 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New St. Marcus Cemetery18. (a) Signature of funeral director Zeiglerhaus(b) Address 2623 Cherokee Street19. (a) 1000 (b) J. F. Budick  
 (Date received local registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2643<sup>2</sup> Keokuk  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8  
 year 40 hour 6 minute 30 A. M.21. I hereby certify that I attended the deceased from 1 - 29  
1940, to 3 - 8 - 1940;  
 that I last saw her alive on 3 - 8 - 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure  
Acute Rheumatic Nephritis  
Chronic Nephritis  
Chronic Heart Disease  
 Due to \_\_\_\_\_ Duration 4 yr +

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 65

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. F. Budick (M. D. or other) \_\_\_\_\_  
 Address 2623 Cherokee Street Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*J E Morris*

Licensed Embalmer No.

*3360*

P. O. Address

*2623 Chappel -*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**